

Making Work Pay: Eliminating Financial Disincentives to Employment for People with Disabilities



State of Wisconsin
Department of Workforce Development
Division of Vocational Rehabilitation



Executive Summary: Making Work Pay

Governor Jim Doyle has a plan for growing Wisconsin's economy, expanding employment opportunities, and advancing the economic welfare of Wisconsin families. Governor Doyle believes workers with disabilities are a vital resource to Wisconsin and to the success of the **"Grow Wisconsin"** plan.

Governor Doyle and the State of Wisconsin Department of Workforce Development (DWD) propose a pilot demonstration program to address the financial disincentives to viable, competitive employment for persons with disabilities. Entitled *Making Work Pay: Eliminating Financial Disincentives to Employment for People with Disabilities (MWP)*, this effort will target individuals with disabilities who continue to receive public supports while employed. Some workers with significant disabilities may have disability-related expenses that cannot completely be covered through earned income. To maintain their ability to live in the community, they often receive public assistance with housing, transportation, personal assistance services, medical costs, etc.

For many, the multiple and often simultaneous impact of benefit erosion as a consequence of earned income becomes a potential ticket to economic decline rather than advancement. Also, once the cash portion of the public benefit is completely lost due to earnings, a work and resulting income disruption caused by an exacerbation of the disabilities may quickly leave them destitute and subject to institutionalization due to wait lists or periods for reentry to the benefit program.

For many, the fear of losing benefits and benefit eligibility makes unemployment and continued access to their entitlement safety net seem more attractive and beneficial than employment. As President Bush aptly points out in the New Freedom *Initiative* ". . . **too many Americans with disabilities remain trapped in bureaucracies of dependence.**"

Over the seven-year grant period, this pilot demonstration program will operate statewide. Enrollees will participate in an integrated system of public assistance aimed at increasing their community integration status while living and working with a disability. The Making Work Pay demonstration has the added benefit of eliminating concerns related to sustaining community integration during periods of employment disruptions. The employed individual will make an after-tax earned income "benefit assurance" contribution towards his/her combined public benefits package.

"Invest in People" is a major "Grow Wisconsin" theme for Governor Jim Doyle as his vision to create good paying jobs and a high end economy for Wisconsin is realized. By co-investing with workers with disabilities in their workforce capacity and contributions, we envision this system to be a significant step towards tangible goals for all Wisconsinites, ranging from the shared cost responsibility for public benefits to a more integrated sense of community. Furthermore, we anticipate this pilot demonstration will prove to be at a minimum cost-effective, to generate administrative efficiencies and savings, and to be self-sustaining in future years. Our innovative approach for "Making Work Pay" will lead other states to similar innovations in reforming their systems.

Making Work Pay: A Plan to Eliminate Financial and Health Care Disincentives to Employment for People with Disabilities

This is a Federal Agency Interdepartmental Proposal from the State of Wisconsin, Department of Workforce Development. It seeks comprehensive authority to “***Make Work Pay (MWP)***”.

PROGRAM MISSION

To maximize earned income and economic self-sufficiency.

OBJECTIVE OF PROPOSAL

The purpose of this proposal is to allow people with significant disabilities (PWDs), who are employed, to continue to receive essential public benefits such as housing assistance, SSDI or SSI cash payments, and Medicare or Medical Assistance coverage in exchange for a premium payment.

The specific populations we intend to target are currently employed recipients of SSI and SSDI who are also eligible for the Ticket program and who are making FICA contributions.

Wisconsin envisions a system change that overlays existing legislation, programs and public assistance funds with a streamlined one-stop portal. The one-stop portal, “***MWP***”, creates a self-directed benefits package for PWDs who are able and willing to work, as well as motivated to earn income above federally designated caps. By eliminating earned income and asset caps and instituting a benefit buy-in, ***MWP*** endeavors to hold these individuals harmless from changes to or ineligibility in their respective public assistance programs should they unexpectedly need to interrupt their employment for disability-related reasons. Therefore, eligibility would be continued, eligibility reviews would be discontinued and public benefit payment or coverage levels would continue uninterrupted. The new ***MWP*** premium payment schedule would replace the multiple benefit reduction and other co-pay schedules for each individual program (listed below) for the duration of the demonstration period.

BACKGROUND

- **Who is suffering?** For every lost dollar and hour of earnings potential, PWDs, their families, employers and our communities all suffer from PWDs underemployment. In addition, the public at large and the taxpayer, in particular, lose out on productivity and further sharing of the tax burden.
- **Why they are suffering?** The parties named in the above paragraph all suffer from underemployment of PWDs because the financial unfeasibility of work reinforces social and economic segregation of PWDs, despite adequate education and training for employment.

- **What's already been tried?** All of the Social Security work incentive programs, a MA buy-in program and a Wisconsin \$4 for \$1 SSI employment demonstration and an SSDI \$2 for \$1 employment demonstration, coupled with intensive benefits counseling supports have been aggressively advanced in Wisconsin over the past 5 years. While these efforts have met with some success in advancing the economic earning capacity of some individuals, we believe that there are much greater gains to be made in increasing SSI/SSDI recipient employment, earnings and paybacks to the entitlement benefit systems. For example, in Wisconsin's MA buy-in program, of the 7,335 active enrollees in October 2004, 2155 enrollees (29%) had earnings above \$250.00 per month. Of those MAPP participants with earnings, 5% had earnings above \$810.00 per month (i.e., the SSA earning level for substantial gainful activity), and only 3% had earnings above \$1,000 per month. In their 2004 MAPP evaluation report, APS Healthcare noted that *"Disabled individuals earning above \$810 per month risk losing their federal disability benefits, which may account for the large drop-off in wage earners above the SGA level."* In their 2004 update to the TTWIIA panel on "The effectiveness of Medicaid buy-in programs in promoting the employment of people with disabilities", Cornell policy researchers noted that among Buy-In enrollees reporting earnings in the fourth-quarter of 2002, *"over three-quarters in the 19 states had earnings of less than the \$800 per month"*. Clearly, we need additional work incentive tools to advance earnings and cost-benefit returns to the public investment.
- **What are the results to date of these existing options?** Waivers have taken a long time to secure during the period of Wisconsin's Pathways to Independence demonstration program, causing potential candidates to hesitate out of fear of losing benefits eligibility. In terms of maximizing employment and earnings capacity and reducing dependency on cash assistance programs, Wisconsin's demonstration program success has also been limited because of the difficulty in coordinating overall safety net coverage loss for interested working PWDs. **In short, the piecemeal nature of securing federal waivers from different cash assistance programs greatly limits the effectiveness of our efforts.**
- **Will MWP replace current work incentive programs or Wisconsin SSA demonstrations?** **No.** **MWP** is an "added value" program. The current array of work incentive options and those on the SSA horizon are viable and sufficient for some people. Therefore, we would leave them in place and continue to encourage their use among those who are willing and able to reduce their reliance on benefits and for those who wish to wean themselves from their entitlements. However, we need an additional tool to allow people the self-directed assurance of being able to buy benefit continuation, if they need it, regardless of earned income. Only when such a tool is added to the array of current work incentive options will we see measurable numbers of PWDs working to their maximum potential and making sizeable contributions back to the system to offset the benefit costs that now burden the taxpayer at a 100% rate.

How is MWP different? We are proposing a federal/state work incentive program that crosses numerous public benefit programs simultaneously. For the employed beneficiary, the new program affords self-determination and direction, equality of opportunity, significant economic gains and self-sufficiency through work. Simultaneously, the program assures the worker with a significant and continuing disability the opportunity to remain independent in the community during periods of work disruption. This is a program that treats the PWD as an individual, a program that acknowledges and respects their disability and the impact of a significant, chronic disability on their

life. In exchange, this program requires the working beneficiary to make a financial contribution in the form of a monthly payment from earned income to offset their continued reliance on public benefits. In the new program, maximizing one's work potential and earnings is encouraged by immediate and significant economic gains for PWDs. As earned income rises, increases in benefit assurance payments offset the need for benefit reductions. Income tax and FICA returns to the state/federal system also increase with gains in earned income. Employers gain access to increased worker capacity at a time when pending labor shortages threaten the economies of many states. At the end of the day, the **MWP** work incentive program promises to generate multiple "economic wins" for all involved. Most particularly, for those SSI/SSDI beneficiaries who have the capacity to increase their work effort but who are not motivated to full employment under the current array of work incentive opportunities, **MWP** will be a motivating option.

The following grid demonstrates the differences between **MWP**, a premium-based model incorporating features of the MA buy-in under TWWIIA and the current system of work incentives, which is primarily a benefit reduction model.

Comparative Analysis of Benefit Reduction and Premium Cost-Share Models

Work Incentive Concept Comparison	Current System Benefit Reduction Model (Redbook)	" <i>Making Work Pay</i> " Cost-Share Model
Opting in and opting out of the program is controlled by the individual.	NO: Point of exit when there is earned income is determined by the public system. Public funding source eligibility for entry is not changed.	YES: The individual determines point of exit when there is earned income. Public funding source eligibility for entry is not changed.
Impact of the benefit on family economic status is always positive.	NO: Benefits to the individual may negatively affect the economic status of the family. Must meet "family" income and asset tests set by the public funding source for the qualifying individual living in the family.	YES: Benefits are attached to the qualifying individual--no negative impact on family economic status.
Cash benefit is retained regardless of income	NO: Benefit is reduced as income increases. Rate of reduction varies across benefit programs. Soft and steep benefit loss slopes and some cliffs.	YES: A "flat" buy-in cost share of 15% on gross earned income is paid to retain benefits. MA buy-in premiums are included in the cost share.
Simple adjustments made for disability costs	NO: Disability cost adjustments are complex and restrictive [income disregards, expense allowances, special savings accounts (PASS, IDA)].	MWP will not disrupt established disability cost adjustments to the SSA cash benefit or MA buy-in premium calculation. MWP point-of-entry hold-harmless benefit retention will increase individual capacity for disability related expenses.
Asset accumulation is unrestricted	NO: Assets are generally monitored and restricted and can vary by program.	YES: There is no asset accumulation restriction.

Work Incentive Concept Comparison	Current System Benefit Reduction Model (Redbook)	"Making Work Pay" Cost-Share Model
Single source to report earnings	NO: 1 to 4 or more.	YES: Only 1.
Single administrative system	NO: Multiple public benefit portals and earnings monitoring. Multiple adjustments of benefit payments either monthly or annually.	YES: 1 portal coordinates program, monitors earnings. Benefits would continue uninterrupted at time of entry into MWP . There would be no adjustments during the demonstration except the COLA which is positive.
Building credit	No: Portion of income subject to annual reviews may not be used to qualify for long-term credit.	Yes: Increased earning capacity and elimination of annual income-driven eligibility review enhances access to credit.
Work and support system portability	No: Funding streams for supports may be tied to the local community or a service provider.	Yes: Funding streams follow the individual and their employment path, as long as consumer stays in Wisconsin.
Opt-out decision is always consumer choice	NO: Public funding source controls the opt-out point.	YES: Opt-out is determined by the recipient--benefit status is retained as long as the cost share is paid.
Easy reentry after benefit loss/opt-out	NO: Varies by program from immediate reinstatement to wait list to loss of eligibility status. Reentry requires spend down on assets for programs with asset limits.	YES: Benefit status is never lost (held harmless).

- Why is dramatic change a needed solution?** Because PWDs who want to work have told us that only a simple-to-understand approach that eliminates the risk of losing **all** aspects of their supportive services will assure them that it is "safe" to enter the employment world.
 Ex: I cannot take the risk of institutionalization or impending economic disaster because I pursued work and experienced a disability-related work disruption. For example, if my immediate reinstatement to an SSA cash benefit is assured, but my ability to be immediately reinstated to my housing or MA health care waiver benefit is questionable, I cannot take the risk.
- Why is now the right time to change?** Because never before in our history has the age of automation and telecommunication provided such unlimited opportunity for people who are most severely disabled to be full participants in the employment world.

- **What are the consequences of not taking this action?** Three primary ones:
 - Our communities and the nation will continue to be robbed of a valuable resource.
 - PWDs will continue to be robbed of their ability to participate in the workplace and in society with dignity and equality.
 - The cost of keeping PWDs out of the work force is an ever-growing burden, which continues to rob the taxpayer of expendable income.
- **Who benefits and how (consumers, employers, the public at large)?** Everyone. Consumers will find the program easy to understand and easy to access. As we face the challenge of labor shortages in the near future, employers benefit from increased numbers of reliable, loyal workers, as PWDs are more likely to engage at higher than average worker levels of work productivity and advancement opportunity with an employer. Communities will reap myriad quality-of-life benefits from PWDs who work, play and live alongside their able-bodied neighbors. The soon-to-arrive labor shortage, fueled by a tremendous number of baby boomers moving headlong toward retirement age will leave many states in very dire straits to find replacement workers. Wisconsin is one of the states most profoundly affected by this great demographic bombshell. Rather than prolong the incentives in place keeping people out of the labor market, we must remove barriers and encourage an influx of new potential workers. A decrease in the dependency ratio is a sure win for the economy.
- **What about the agencies that run the benefit programs? What's in it for them?** Two things:
 1. Ability to claim increased earnings of their participants as success for their own program at no additional cost or administrative effort on their part, and
 2. The potential for a cash payback of some of their benefit dollar outlay (their respective share of the net premium revenues). Under the current structure, except for Medicaid buy-in programs, none of the benefit programs are generating offset revenue on a premium basis.
- **Will the results be noticeable (and measurable)? If yes, how soon?** Economic outcomes will become apparent almost immediately for individual consumers, their employers and families. The economic benefit for communities will come from the increased spending capacity and tax revenue from these workers as they contribute their talents and the sharing of taxpayer responsibilities. AND, the public benefit system will realize income as the cost-share premium payments begin to offset costs. For the demonstration with 400 participants, we predict significantly higher FICA contributions and state and federal income tax liability when compared to a like-size control group of similar SSI and SSDI beneficiaries.
- **What kinds of numbers are we talking about?** Let's remember we are talking about PWDs. Even the recent "Ticket to Work" (TTW) legislation defined success as an additional 1% of the SSI/SSDI population entering work at a level above SGA. **MWP** projects it will achieve success by resulting in exceeding the additional 1% TTW benchmark for SSI/SSDI recipients in Wisconsin going to work above SGA.

PROJECT DESIGN

WHAT: What do we want to accomplish? Three main goals:

1. Program access simplification: On an administrative level, DWD seeks to establish one set of criteria and regulations for determining continuation of multiple program services that promote community living and full employment for PWDs.
2. Health & Community Living benefit continuation assurance: This will create a framework for cooperation across program silos to provide simple continued access to the benefits PWDs were receiving or eligible for upon entry into the program who are already gainfully employed or near employment, but fear the risks of triggering the loss of eligibility for benefits.
3. Increasing spendable income/Decreasing public tax burden: Significantly increased levels of cost-benefit return are sought through higher levels of earned income and FICA tax contributions and the cost-share payments made by PWDs who engage in work through this program.

WHEN: When do we propose beginning this demonstration? Immediately. Every day we delay is another day that PWDs are prohibited from exercising their full potential to make their workforce contributions and support their families. Every day we delay is another day that taxpayers carry an unnecessarily heavy burden supporting a group of people that would rather pay their own way. This comprehensive demonstration request addresses the Congressional mandate for the national VR program to “maximize employability, economic self-sufficiency, independence, and integration into the workplace”, as well as the New Freedom Initiative imperative from the Executive Branch to integrate PWDs more fully into their communities by making employment a financially feasible option.

WHERE: Where do we want to run this demonstration? In Wisconsin. Over the planning and demonstration period, this pilot demonstration program will operate statewide, wherever PWDs can be gainfully employed. We anticipate that **MWP** will significantly shift the paradigm of state-level administration of public benefit programs, as they relate to employment, to a streamlined, cross-silo, cross-program, one-stop, cooperative model.

WHY: Why is this necessary? What individual and public good will result? **MWP** will lessen the public tax burden and increase spending in the local economy. Local employers and community budgets definitely need the financial and social assets available from this untapped population. The increased expendable income and public return will be an economic benefit to both the PWDs and their local community.

THE HOWs

HOW: How do we propose doing the “WHAT”? We will create a simple overlay process that allows program participants in **MWP** to **pay for protection of other federal public benefits**.

Specifically through an SSA partnership, we will establish collaboration with federal agencies such as HUD and CMS. We will work with SSA leadership to seek, simultaneously, granted comprehensive demonstration authority to continue benefit eligibility at the time of **MWP** enrollment. The **MWP** program will hold enrollees harmless from future ineligibility in instances

where disability-related conditions prevent them from advancing in or continuing employment. **The condition: just as with other kinds of insurance (e.g., auto, homeowners, life, disability) all MWP participants pay their premiums for as long as they are in the program, whether or not they are working.** (See Attachment A – Implementation Summary)

A cornerstone for the MWP demonstration is providing adequate health care for those working individuals with qualifying disabilities that work full time and no longer qualify for Wisconsin's Medicaid Purchase Plan (MAPP) because of adjusted earned income. This demonstration will respond to the National Council on Disability 2005 recommendation to SSA to design, implement and test the effectiveness of providing a seamless, uninterrupted public-private insurance partnership to expand access to health care for individuals with disabilities (NCD, 2005).

With support from SSA and CMS, a new public-private insurance partnership will be designed for MWP participants who are employed on a full-time basis and whose earned income exceeds the income allowances of Wisconsin's. Upon concept agreement, the Department of Health and Family Services (DHFS) Office for Employment and Independence will be asked to integrate the MWP public-private health care option into their strategic plan priority to research new options for maintaining access to health insurance and long term care services throughout the employment spectrum. The Department of Workforce Development will partner with DHFS to design and provide an implementation plan for the MWP public-private health care option. (See Attachment E: Private-Public Health Care Model).

The new option will be available to those SSDI and SSI beneficiaries who are employed on a full time basis, have a primary source of private sector health insurance coverage, and are not eligible for the MAPP due to level of earned income. Once determined eligible, a MWP participant electing this option will contribute a cost-share up to 15% of gross earned income. In the MWP public-private health care option there will be no income or asset limit as a condition of participation

The MWP health care plan will provide benefits from a federal source equivalent to those provided under MAPP. The public benefit will be blended or braided with the primary insurance coverage provided by a private health insurer. The MWP health care option will require a partnership with the Center for Medicare and Medicaid Services (CMS), and/or a private health care vendor to serve as the health care plan administrator.

For the purpose of testing a new public-private health care option, CMS will be asked to approve federal funding for the MWP health care option federal Medicaid level benefit without requiring a state cost-share or imposing income or asset restrictions on the employed participant. A portion of the cost share contributed by the MWP participant will be used to offset the cost of the public benefit. If CMS is an unwilling partner in the new health care option, SSA will be asked to contribute funds to the new health care initiative to test the effectiveness and efficiencies of the concept during the period of the demonstration.

HOW LONG: How long will the project last? How long will the results last? We expect a six month planning, and a 12 month enrollment period followed by a fully engaged pilot demonstration program that will last for at least three full years. Our expectation is that the program's success will enable enrollees to continue and increase their employment and receive assurance of some level of continued benefit service delivery past the demonstration period, and until age 65. (See Attachment B – **MWP** Project Timeline.)

HOW MUCH: What will it cost and who will be expected to pay for what aspects? If we are granted comprehensive demonstration authority on the benefit streams that support **MWP** participants, it will cost approximately \$7.38 million dollars for the **MWP** infrastructure implementation, service delivery and research costs over the 7-year demonstration. The Wisconsin Departments of Workforce Development (DWD) and Health and Family Services (DHFS) will partner to design and provide an implementation plan for the MWP public-private health care option. (See Attachment C: Making Work Pay Budget.)

Cost effectiveness and program efficiency are the goals, first and foremost for the program enrollee, as well as for the state and federal governmental agencies involved. In addition to the **MWP** premium payments, all taxable returns due to increases in earned income will be tracked as part of the cost-benefit return analysis. At a minimum, the return on public benefit investment will be calculated on increased revenue from the following sources:

- federal taxes contributed by enrollee
- state taxes contributed by enrollee
- FICA taxes contributed by enrollee and their employer
- MA insurance contributions by enrollee and/or their employer
- **MWP** cost share contributed by the enrollee

In years 3 to 7 of the demonstration an analysis will be made of the administrative costs for the **MWP** model of work incentive reform which can be used to compare program costs against other SSA work incentive initiatives.

How will you measure success? We will measure success using a treatment and control group random design. A significant difference in average earned income for the **MWP** treatment group will determine the success of the program. (See Attachment D – Evaluation Design.)

How will you allocate premiums? First dollar premium collections will go toward offset of **MWP** administrative costs and MA purchase plan earned income premiums for dually-eligible participant enrollees. After **MWP** administrative costs are covered and MA buy-in premiums have been paid, the remaining funds, during the demonstration period, will be returned to Wisconsin's Medicaid Purchase Plan program. A board made up of 2 VR representatives, 2 **MWP** program participants, and 1 representative from each of the benefit categories protected under **MWP** will determine how the post-demonstration balance of the premium collections will be spent/allocated. The board will complete its premium distribution design by the end of year 4 of the demonstration.

MWP COMMITMENT TO AMERICANS

MWP is designed to meet the 4 tenets of well-designed government income support services.

- It provides the essential program service needed for those for whom it is designed.
- It respects the taxpayer dollar by only providing truly needed supports.
- It is cost-effective and efficient in its structure.
- It minimizes government influence and intrusiveness in a citizen's life.

COMPREHENSIVE DEMONSTRATION AUTHORITY NEEDED (WITH RATIONALE)

At a more specific level, the following program demonstration authority is needed:

CASH PAYMENT UNDER SSDI OR SSI

The following **MWP** Rationale applies to all of the detailed demonstration request authority listed below.

MWP Rationale: The purpose of **MWP** is to allow PWDs who become employed to be able to continue receiving SSDI or SSI cash payments. This is necessary in order to minimize the negative impacts of withdrawal of Federal program economic supports as PWDs stabilize in or cycle through the workforce. To that end, eligibility would be continued, eligibility reviews would be discontinued, and payment or coverage levels would remain at the pre-employment level. The **MWP** co-pay schedules, which, depending on income, could exceed 100% of actual public benefit costs, would replace the benefit reduction schedules related to earned income currently in law and regulation for the individual programs.

- Demonstration authority to override Title II section 203(a) and 203(b) which reduces payments of SSDI for employed recipients.
- Demonstration authority to override Title XVI section 1611, which defines eligibility for SSI.
- Demonstration authority to override Title XVI section 1612, which defines income eligibility requirements for SSI.
- Demonstration authority to override Title XVI section 1613, which defines resource (asset) requirements for eligibility for SSI.
- Extend Title XVI sections 1619, 1620, and 1634, which continue benefits for PWDs who are working.
- To the extent they are applicable to individual cases, demonstration authority to override Titles XIV section 1402, XVI section 1602, and XVIII (Medicare coverage) section 1813.

Housing Assistance: The following **MWP** Rationale applies to all of the detailed demonstration request authority listed below:

MWP Rationale: This single rationale applies to all housing-related demonstration authority requests. Continuing access to housing assistance is necessary in order to minimize the negative impacts of this key life support as a PWD stabilizes in, or cycles in and out of, the workforce as disability factors improve or worsen. To that end, eligibility would be continued--including eligibility status for those on a wait list, eligibility reviews would be discontinued, and payment or coverage levels would remain at the pre-employment level, at a minimum. Having to worry about access to housing support at the same time you are dealing with severe health issues is an undue burden. The **MWP** co-pay schedules which, depending on income, could exceed 100% of actual costs, would replace the benefit reduction schedule currently in law and regulation for the individual programs.

- Demonstration authority to override the annual income review and determination under the 24 CFR 5.609 Determination of Annual Income and Annual Review of Income.
- Demonstration authority to override the adjusted and earned income determinations for families receiving aid or placed on a wait list for aid under any of the following programs,

which are administered by HUD allowing families to continue to receive and/or access assistance at the pre-**MWP** employment level:

- ✓ 24 CFR 5.611
 - Determining adjusted income and earned income for families receiving aid under the following:
- ✓ 24 CFR 5.617
 - Self-sufficiency incentives for PWDs--Disallowance of increase in annual income.
- ✓ 24 CFR 92
 - HOME Investment Partnerships Program
- ✓ 24 CFR 200(w)
 - Rent Supplement Payments Program
- ✓ 24 CFR 236(d)
 - Rental Assistance Payments Program
- ✓ 24 CFR 574
 - Housing Opportunities for Persons with AIDS
- ✓ 24 CFR 582
 - Shelter Plus Care Program
- ✓ 24 CFR 583
 - Supportive Housing Program (McKinney Act Homeless Assistance)
- ✓ 24 CFR 891(b)
 - Section 202 Supportive Housing Program for the Elderly
- 24 CFR 891(e)
 - Section 202 Direct Loans for Housing for the Elderly and Persons with Disabilities
- ✓ 24 CFR 891(c)
 - Section 811 Supportive Housing for Persons with Disabilities
- ✓ 24 CFR 982
 - Housing Choice Voucher Program (24 CFR part 982)
- Section 811 of the Cranston-Gonzalez National Affordable Housing Act
Title VI of the Housing and Community Development Act for someone to receive housing assistance payments and is reauthorized as the Housing Assistance Payments program (24 CFR 813.106)

- **Medical Assistance.** General Statement of Intent: As previously stated, Wisconsin MAPP coupled with a newly designed federal-private health care option for those who work full time and whose income exceeds the MAPP limits will provide sources of federally supported health insurance for eligible individuals who work. Health insurance eligibility would be assured and with the new federal-private option, income and asset caps will be eliminated for **MWP** program participants who work full time and have another primary source of health insurance. Premium payments will be coordinated with the MWP cost share premium. Should the MAPP or MWP Health Care option premium equal or exceed the MWP 15% cost share ceiling, the dually enrolled participant will be charged only an \$80.00 per month administrative service fee for MWP participation.
- In addition to the MA card benefit available through Wisconsin's MA buy-in program, the Home and Community Based Waiver (HCBW) programs are run under a broad waiver now, primarily as fee for service. For those participants who are HCBW eligible, Wisconsin will

seek waivers to modify the HCBW program to align them with the ***MWP*** principles and health care options. These requests will be included in the comprehensive demonstration authority.